

Name
in
Full

James Ayers

CERTIFICATE OF DEATH

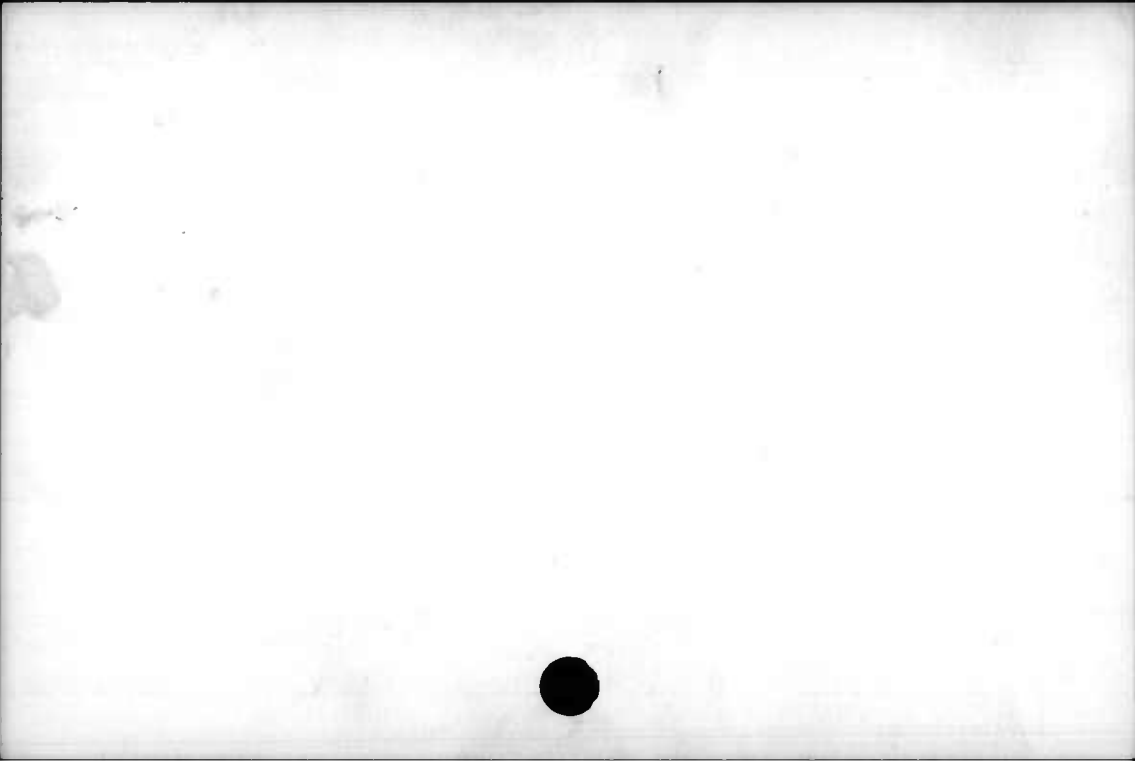
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND	
Date of death		Month Nov.		Day 9		Age 85	
Sex Male		Color or Race Colored		Birth- place Maryland		Months —	
Occupation Laborer		Where Residing if not at place of death —		Days —			
Married, Single or Widowed Widower		Name of Wife or Husband —					
Father's Name Unknown		120		Father's Birthplace —			
Mother's Maiden Name "				Mother's Birthplace —			
Name of person giving Information Joe Harrison				How related to deceased Not related			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Brights Disease		How long Unknown	
Immediate Uremic Convulsion		How long Ten minutes	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. R. Walker M. D.	
		Address Mitchellville, Md.	
Accident or Suicide? —			



Name
in
Full

Alfred W. Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Meadows

Town

Pr Geo

County

MARYLAND

Date

of death 1903

Month

Nov

Day

6

Years

Age 64

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

P. F. Co Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Jackson T. Ball

Father's
BirthplaceMother's
Maiden Name

Sydney

Mother's
BirthplaceName of person giving
information

James Fowler

How related
to deceased

None

CAUSES OF DEATH

Primary

Acute Oesophagitis

How long

51 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

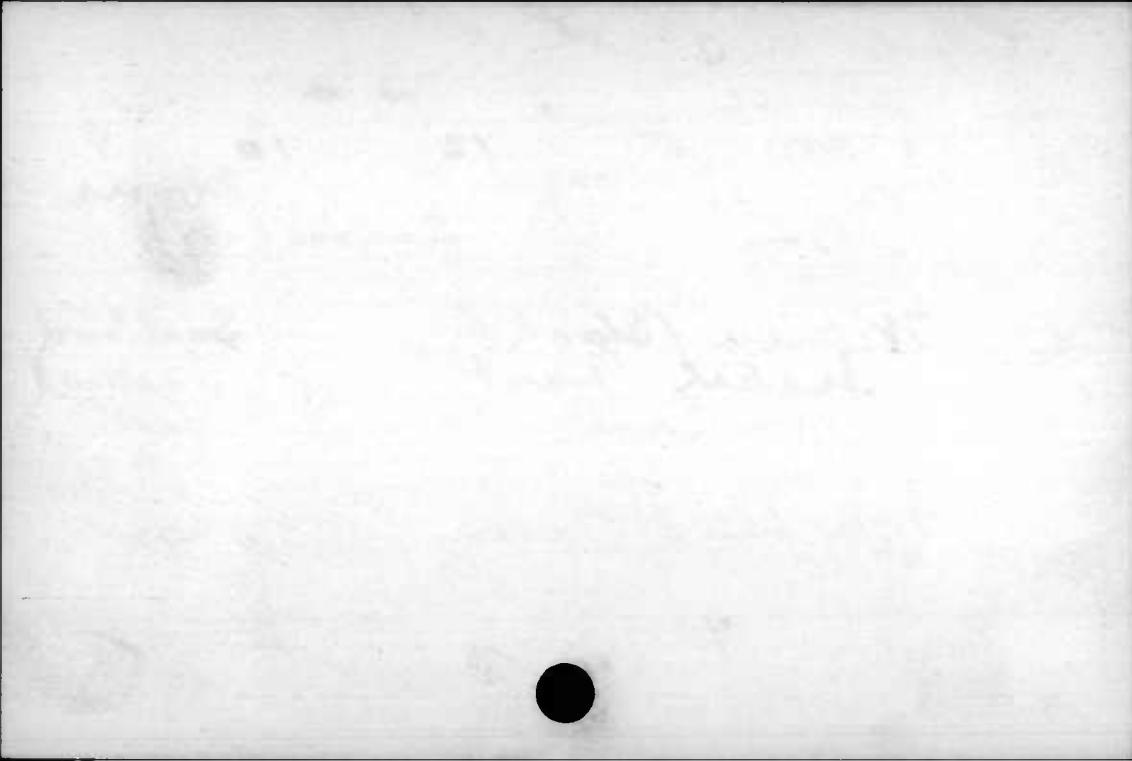
Signature of
Physician

Address

L. A. Griffith
Upper Marlboro

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles M Black

CERTIFICATE OF DEATH

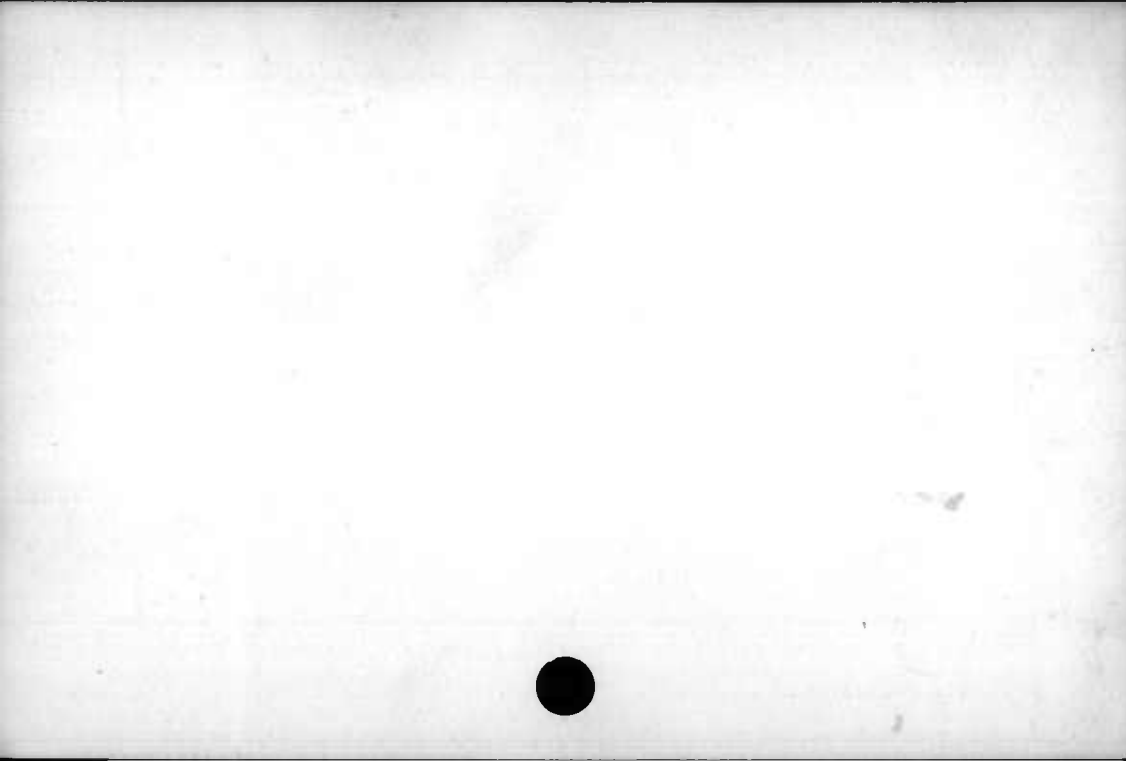
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Pr George</i>		MARYLAND	
Date of death 190	3	Month <i>Nov.</i>	Day <i>5</i>	Age <i>13</i>	Years <i>10</i>	Months <i>9</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maine</i>				
Married, Single or Widowed <i>Boy</i>			Occupation <i>School boy</i>				
Name of Wife or Husband							
Father's Name <i>William Black</i>				Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Isabel Grant</i>				Mother's Birthplace <i>Scotland</i>			
Name of person giving In formation <i>H. Black</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>		How long	<i>3 weeks.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. A. Smith</i>	
			Address <i>Laurel</i>	
Accident or Suicide?				



Name
in
Full

William Blackwell

CERTIFICATE OF DEATH

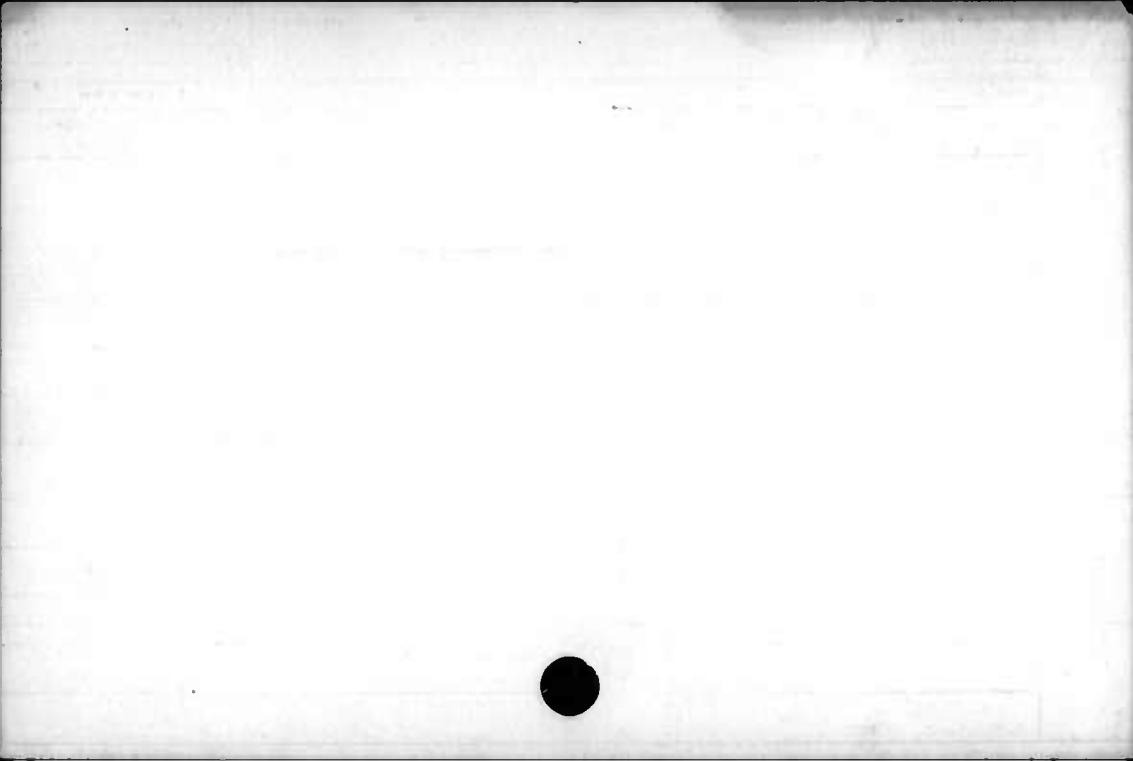
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Washington		D.C.		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death	1903	Mar	7	74	7	19			
Sex	Male		Color or Race	White		Birth-place	Hanover Md		
Occupation	Locomotive Engineer			Where Residing if not at place of death		Wash D.C.			
Married, Single or Widowed	Married		Name of Wife or Husband		Isora M. Blackwell				
Father's Name	Arthur Blackwell					Father's Birthplace	Hanover Md		
Mother's Maiden Name	Sally Swirly					Mother's Birthplace	" "		
Name of person giving Information	Webb Blackwell					How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease		How long	7 Mos
Immediate	Bright's Disease		How long	7 Mos
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr Woodward
			Address	Wash D.C.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bowie</i>		Town <i>Bowie</i>		County <i>Prince George's</i>		State <i>MARYLAND</i>	
Date of death	<i>1903</i>	Month	<i>Nov</i>	Day	<i>8</i>	Years	<i>1</i>
Sex	<i>male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>_____</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>_____</i>				
Father's Name	<i>Chas Brauford</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Fanny Hudson</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Peter Hudson</i>					How related to deceased	<i>Grat Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-Spinal</i>		How long	<i>7 days</i>
Immediate	<i>Menigitis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Nelson A Ryan MD</i>
			Address	<i>Bowie</i>
Accident or Suicide?				<i>MD</i>



Name in Full

Certificate of Death

Lucius Everett Bridges

Died at *Myattsville* Town *Prince George* County MARYLAND

Date *1903* *Nov* *26* | Month *Nov* Day *26* | Y. *64* M. *-* D. *-* | Native of *N.Y.* | Occupation *Lawyer*

Male *White* Married *Widow* Divorced *Widow* Number of children living *3*

Husband of *Margurite N Bridges*

Wife *don't know*

Father's Name *don't know* Mother's Name *Marie Bridges*

Cause of Death { Primary *Angina pectoris & attached on 1 year ago* How long sick *1 year ago*

Death { Immediate Accident, Suicide, Homicide

Reported by *Charles W. W.*

Address *Myattsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant of Walter & Martha Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nulls</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death 1903	<i>Nov.</i> ^{Month}	<i>6</i> ^{Day}	Age <i>Still Born</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married Single or Widowed			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Walter Brooks S.</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Martha Brooks</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Walter Brooks</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i></i>
Immediate	<i></i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Parker M.D.</i>	
		Address <i>Rose Croft Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

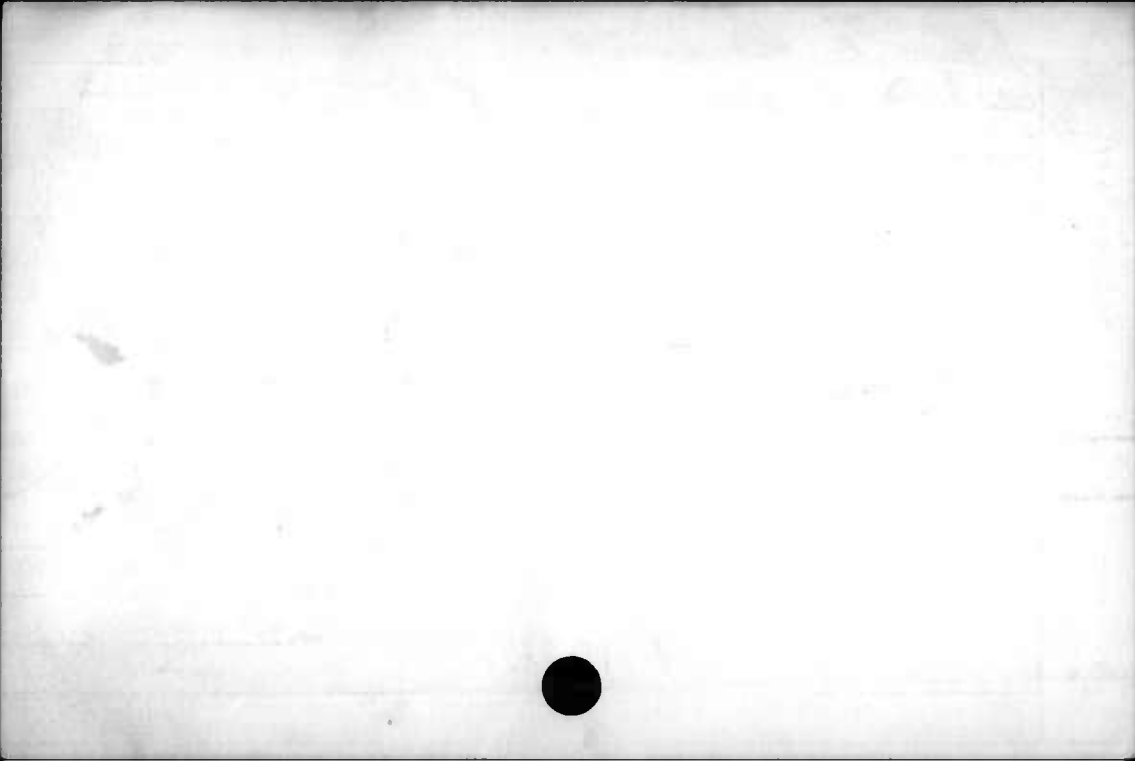
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1903		Nov.		18		30	
Sex		Color or Race		Birth-place			
Female		Colored		Wash. D.C.			
Occupation		Where Residing if not at place of death					
School teacher		Wash. D.C.					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
James Brown		Virginia					
Mother's Maiden Name		Mother's Birthplace					
Sarah Wiggins		Virginia					
Name of person giving Information		How related to deceased					
Nettie Brown		Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Typhoid fever.		8 weeks.	
Immediate		How long	
Cardiac exhaustion		3 days.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Abbott R. Walker.	
		Address	
		Mitchellville Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John T. Calvert.

Died at ^{Town} Marlboro^{County} PGW

MARYLAND

Date
of death 1903Month
11Day
1

Age

Years

Months
6

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Marlboro

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Joseph Calvert 93

Father's
Birthplace

Md

Mother's
Maiden Name

Maggie Wilson

Mother's
Birthplace

Md

Name of person giving
In formation

Reverdy Passer

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Convulsions

How long

8 hrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Reverdy Passer

Address

Upper Marlboro

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full


CERTIFICATE OF DEATH

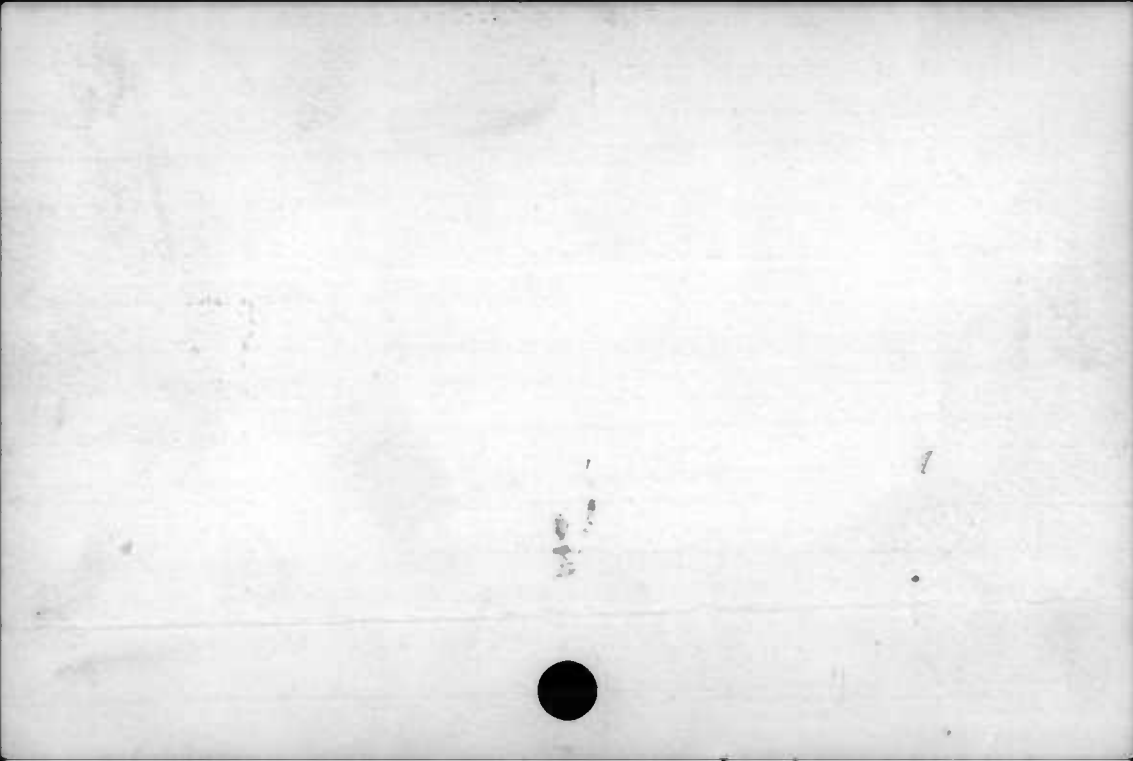
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Murkirk</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Nov</i>	Day	<i>12</i>
		Year	<i>1909</i>	Months	<i>1</i>
		Days	<i>21</i>		
Sex	<i>Male</i>		Color or Race	<i>White</i>	
			Birth-place	<i>Balt Md</i>	
Married, Single or Widowed	<i>Widower</i>		Occupation	<i>dry goods merchant</i>	
Name of Wife or Husband	<i>Many Scarsund</i>				
Father's Name	<i>Gilbert Scarsund</i>			Father's Birthplace	<i>Balt Md</i>
Mother's Maiden Name	<i>Many League</i>			Mother's Birthplace	<i>Balt Md</i>
Name of person giving information	<i>J. Scarsund</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Neurotic trouble</i>	How long	<i>about 1 year</i>
Immediate	<i>apoplexy</i>	How long	<i>about 1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. A. Fox</i>		
	Address <i>Baltimore Md</i>		
			



Name
in
Full

Sarah Agnes Chase

CERTIFICATE OF DEATH

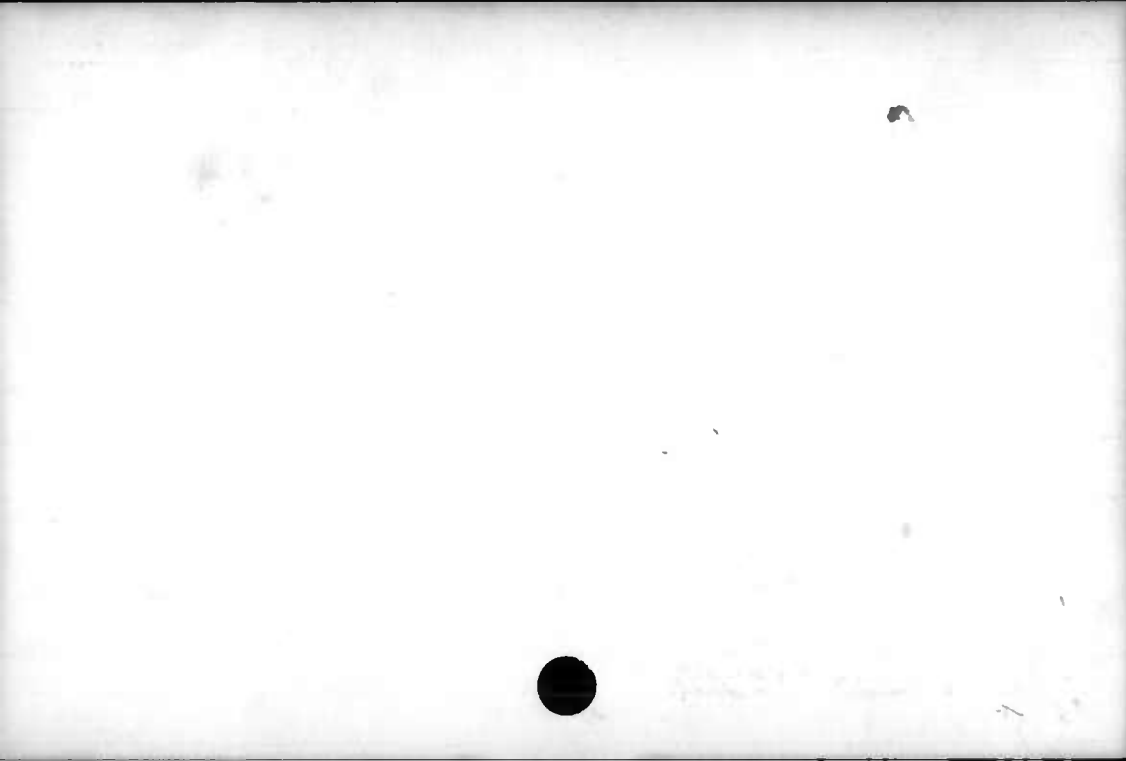
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Nov	22	1		11	-
Sex		Color or Race		Birth-place			
Female		Colored		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Joseph Chase				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Cornelia Fletcher				"			
Name of person giving Information				How related to deceased			
Joseph Chase				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	2 weeks
Immediate	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. R. Maerker	
		Address	
		Mitchellville, Md.	
Accident or Suicide?			



Spencer Chew
 Died at *Puxedo* Town *Prince George's* County *MARYLAND*
 Date 19*03* Month *Nov.* Day *27* Y. M. D. Age *22* Native of *Maryland* Occupation *Brakeman*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *166*

Husband
 of
 Wife

Father's Name *Not known* Mother's Maiden Name *Not known*

Cause of Death { Primary *struck by working train* How long sick
 { Immediate *on Penn. R.R.* Accident, Suicide, ~~Homicide~~

Reported by *Augustus H. Dahler Acting Coroner*
 Address *Bladensburg, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ford Cor

Died at ^{Town} *IB.* ^{County} *Pr. Geo*

MARYLAND

Date 19 *03* Month *11* Day *23* Age *36* Y. *8* M. *8* D. *11* Native of *Ind* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *4*

Husband of *Ellie Dent Cor*

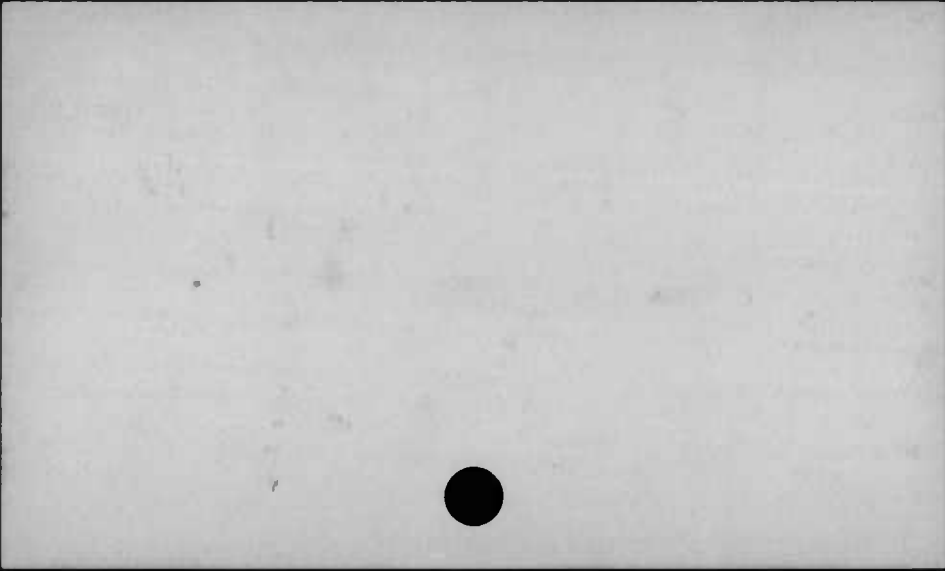
Father's Name *John Alexander Cor* Mother's Name *Ann Dorman*

Cause of Death { Primary *Tuberculosis* How long sick *2 years*

Death { Immediate *Asthma* ~~Accident, Suicide, Homicide~~

Reported by *John A. Cor*Address *IB. [redacted] Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cora E. Culley

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 30

Age

52

- -

Wash. D.C.

Housewife

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

Wife

Father's

Name

Mother's

Maiden Name

Berdett Culley

Wm Harrison

Not known

Cause of

Primary

Tuberculosis

How long sick

One Year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

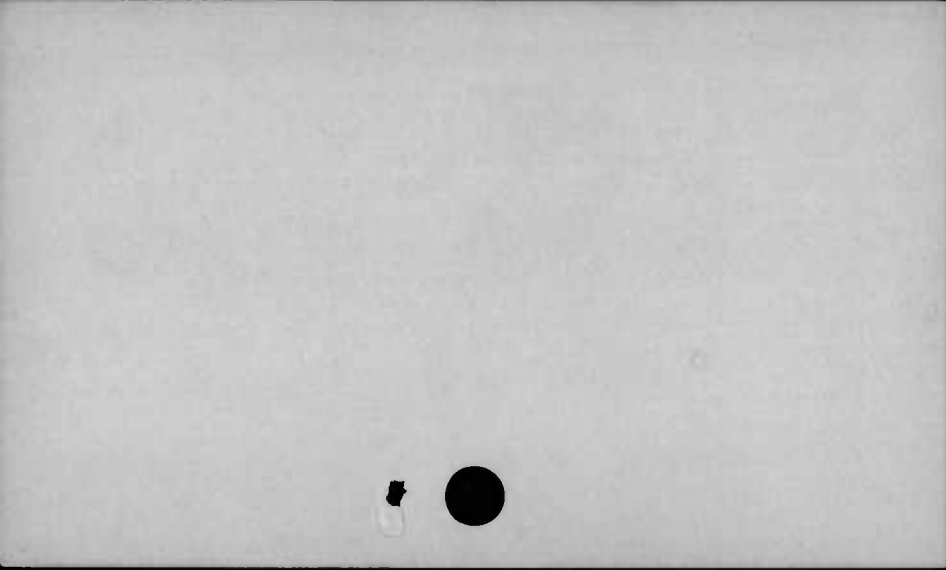
Reported by

Chaparral

Address

Apartment 44B

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

A. G. Harcy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westphalia</i> ^{Town}		<i>Pr. Geo</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>28</i>	Age <i>64</i>	Years <i>64</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Pr. Geo Co. Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Kate Harcy</i>					
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Kate Harcy</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Griffith</i>
<i>Upper</i>	Address <i>Marlboro, Md</i>
Accident or Suicide?	



Name in Full		Ethel Dore				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Warboys ^{Town}		P. G.		County		
		Date of death 190		3	Month	Nov	Day	10	Years	12
		Sex		Female		Color or Race		White -		
		Married, Single or Widowed		-		Occupation		-		
		Name of Wife or Husband		-		Birth-place		Calvert		
		Father's Name		Willie Dore		Father's Birthplace		Calvert		
		Mother's Maiden Name		Smith -		Mother's Birthplace		" "		
Name of person giving information		Willie Dore		How related to deceased		Sister				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Tuberculosis				6 mos				
		Immediate				How long				
		Septicemic fever				1 mo				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
Upper Warl				Address						
Accident or Suicide?				bros and						



Name
in
Full

CERTIFICATE OF DEATH

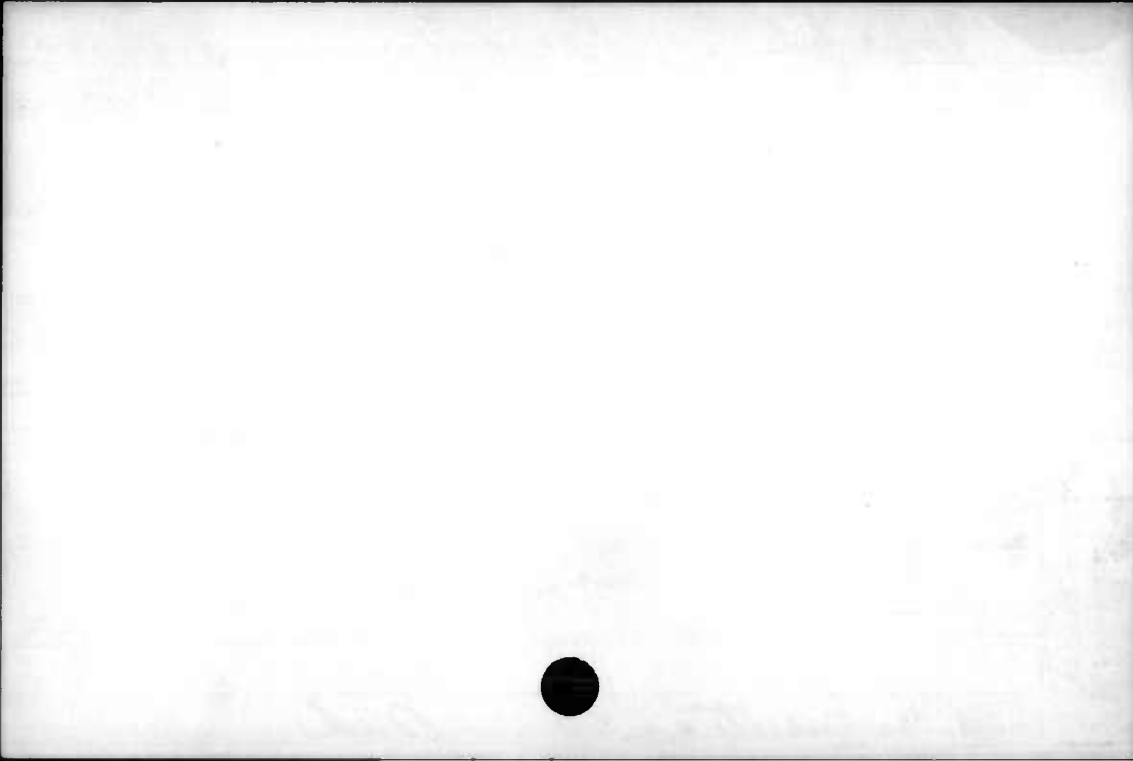
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Jane Dorsey* Town *Rosecroft* County *B. Ges.*Date of death *1903* Month *11* Day *13* Age *15* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *D. C.*Occupation *at School* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *James Dorsey* Father's Birthplace *27*Mother's Maiden Name *Elizabeth Brown* Mother's Birthplace *Md.*Name of person giving Information *Fred Brown* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Enteric Fever* How long *4 weeks*Immediate *Phthisis Pulmonalis* How long *9 "*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. P. Simpson M.D.*Address *Rosecroft Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Joseph M Dustin

CERTIFICATE OF DEATH

Town

County

Died at

MARYLAND

Date

of death 1903

Month

11

Day

8

Years

Age 29

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife

Sarah Dustin

Father's
Name

Bursella Dustin

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Frances Merson

Mother's
Birthplace

Md

Name of person giving
In formation

Bursella Dustin

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Typhoid Fever &

How long

6 days

Immediate

Pneumonia

How long

9 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E. Sauskamp
Dorchester

Accident or Suicide?

neither

Md.

PHYSICIAN
OR CORONER

St Cor 6th Inst-

Name
in
Full

Robert Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rosencroft		County Pr. Geo.		MARYLAND	
Date of death		1903	Month 11	Day 14	Age 95	Years	Months —
Sex Male		Color or Race Colored		Birth- place Md.			
Occupation Farmer		Where Residing if not at place of death Rosencroft Md					
Married, Single or Widowed Married		Name of Wife or Husband Mary. Biggs Green					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving Information James Biggs		How related to deceased Sons					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease	How long	—
Immediate	Senility	How long	—
Are the name, age, sex, color, date and place correctly given above? (Yes &?)		Signature of Physician E. P. Simpson M.D.	
		Address Rosencroft - Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Buf. Hall*
 Town *Callington*
 County *Prince George*
 State *MARYLAND*
 Date of death *1904* Month *Nov* Day *27* Age *22* Years Months Days

Sex *Male*Color or Race *White*Birth-place *Matteson P. G. Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Wm. L. Hall*Father's Birthplace *A. A. Co. Md.*Mother's Maiden Name *Georgia Mayhew*Mother's Birthplace *A. A. Co. Md.*Name of person giving information *Wm. H. Hall*How related to deceased *92*
Brother

CAUSES OF DEATH

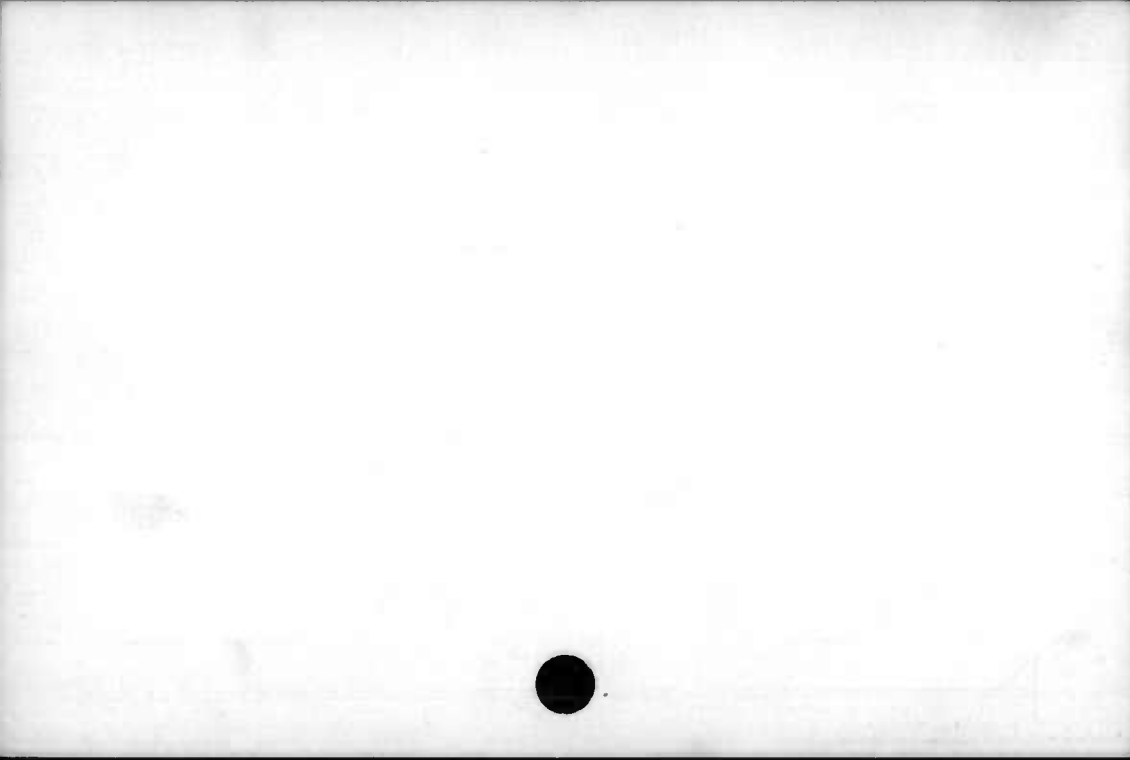
Primary *Catastrophic Pneumonia*How long *Some months*Immediate *Asphyxia - Arterial*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John M. D. Small M.D.*Address *Springfield Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Joseph Hawkins

CERTIFICATE OF DEATH

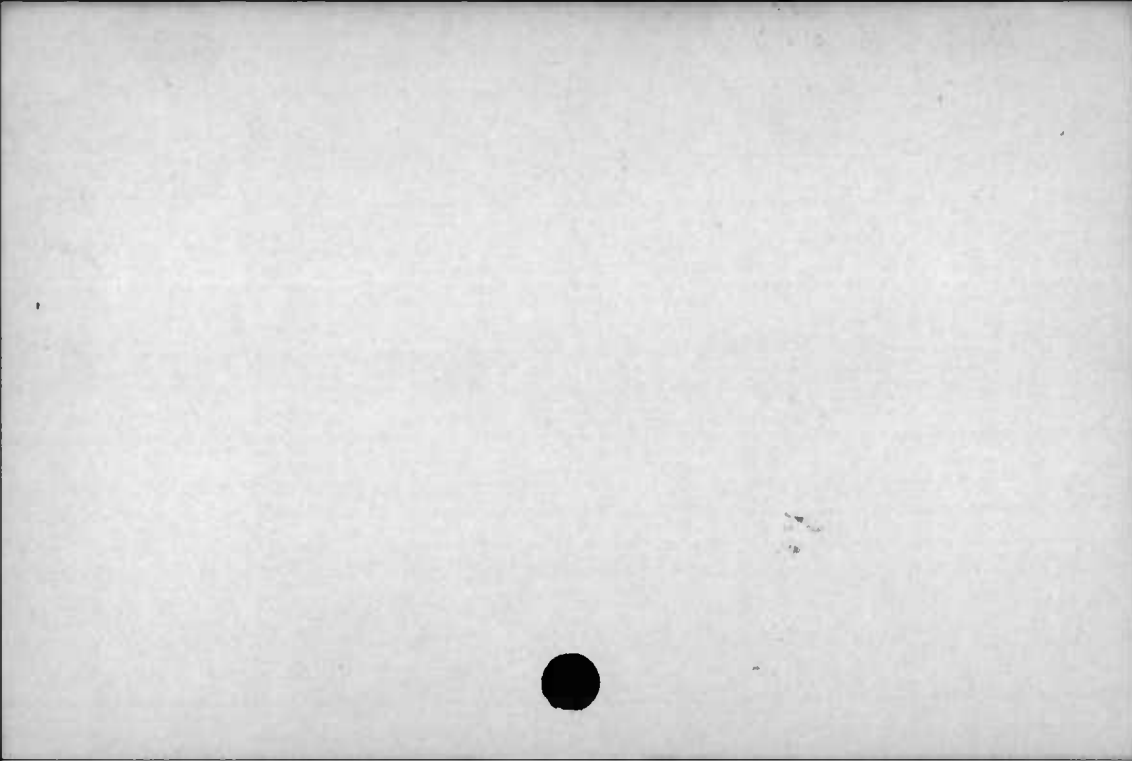
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bowie</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	1903	Month	<i>Nov</i>	Day	<i>23</i>
Age		<i>19</i>		Years	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>Maryland</i>				
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>		Name or Wife or Husband <i>_____</i>		
Father's Name	<i>Warren Hawkins</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mary Seggs</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Warren Hawkins</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>		How long	<i>6 months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Nelson A. Ryan M.D.</i>	
			Address <i>Bowie</i>	
			<i>MD</i>	
Accident or Suicide?				



Name
in
Full

Mada Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bowie Town		Prince George's County		MARYLAND	
Date of death 1903	Month Nov	Day 18	Age 10	Years	Months Days
Sex Female	Color or Race Colored		Birth-place Maryland		
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed Single	Name or Wife or Husband				
Father's Name Warren Hawkins	Father's Birthplace Maryland				
Mother's Maiden Name Mary Siggs	Mother's Birthplace Maryland				
Name of person giving information Warren Hawkins	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 14 days
Immediate Perforation of Intestine	How long 6 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Nelson A. Ryer
	Address Bowie
Accident or Suicide?	md



Name in Full

Certificate of Death

Robert Lewis Hinton

Town

County

Died at

Kenshworth (near),

P. Geo.

MARYLAND

Date

1903

Month

Day

Mar. 4

Y.

M.

D.

Native of

Occupation

Age

6 23

Mol.

Infant.

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

C. H. Hinton

Mother's

Name

Angusta O. Hinton

Cause of

Primary

Measles

How long sick

4 days

Death

Immediate

Congestion of lungs

Accident, Suicide, Homicide

Reported by

L. J. Swast

Address

Benning D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Spring</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>Nov</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>93</u> <small>Years</small>	<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Washington D.C.</u>		
Married, <u>Single</u> or <u>Widowed</u>	<u>married</u>		Occupation <u>General Housework</u>		
Name of Wife or Husband <u>Ramuel W. King</u>					
Father's Name <u>Joseph Mullikin</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>-</u>		
Name of person giving Information <u>Ramuel W. King</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General Debility</u>	How long	<u>-</u>
Immediate	<u>and old age.</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>John E. Saubury</u>	
		Address <u>Forestville</u>	
Accident or Suicide? <u>neither</u>		<u>Maryland.</u>	

Ally 6 bid.

Name
in
Full

Charles Lee

CERTIFICATE OF DEATH

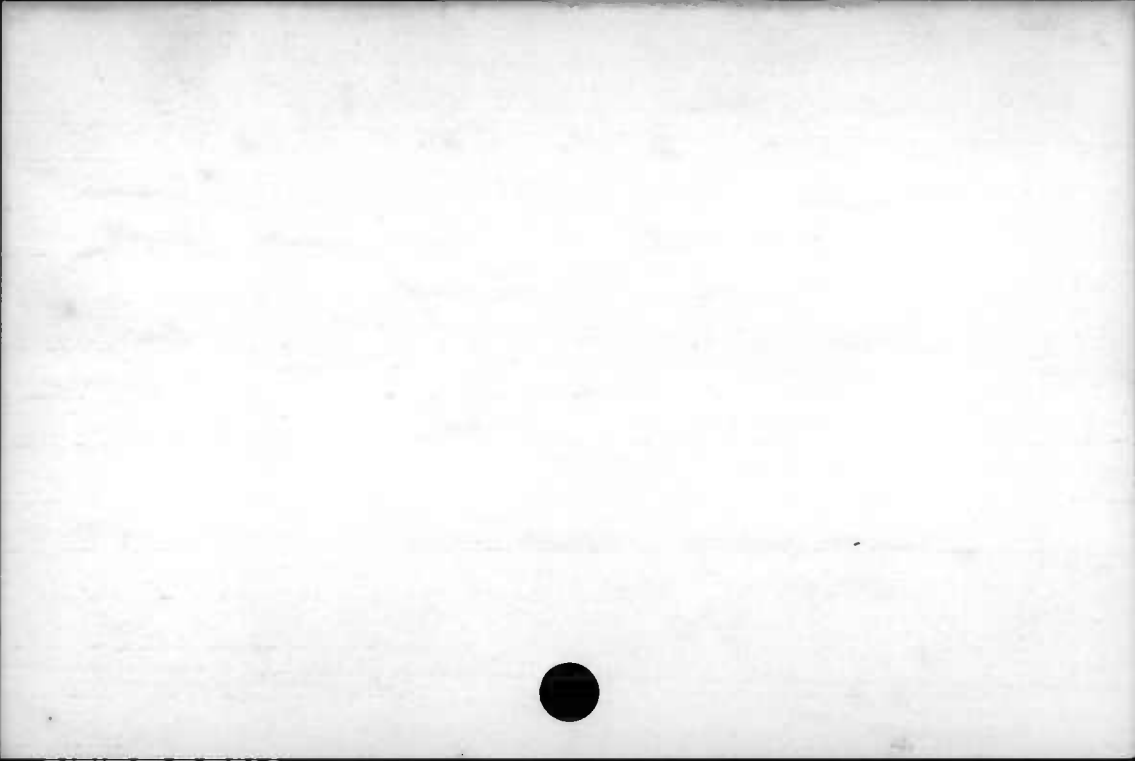
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> ^{Town}		<i>Pt Geo</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>22</i>	Years <i>50</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>P.R.C. Ind</i>	
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Laura Lee</i>					
Father's Name <i>Charles Lee</i>				Father's Birthplace <i>P.R.C. Ind</i>	
Mother's Maiden Name <i>Addison</i>				Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Laura Lee</i>				How related to deceased <i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Pulmonary hemorrhage</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Griffith</i>	
		Address <i>Marlboro. Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

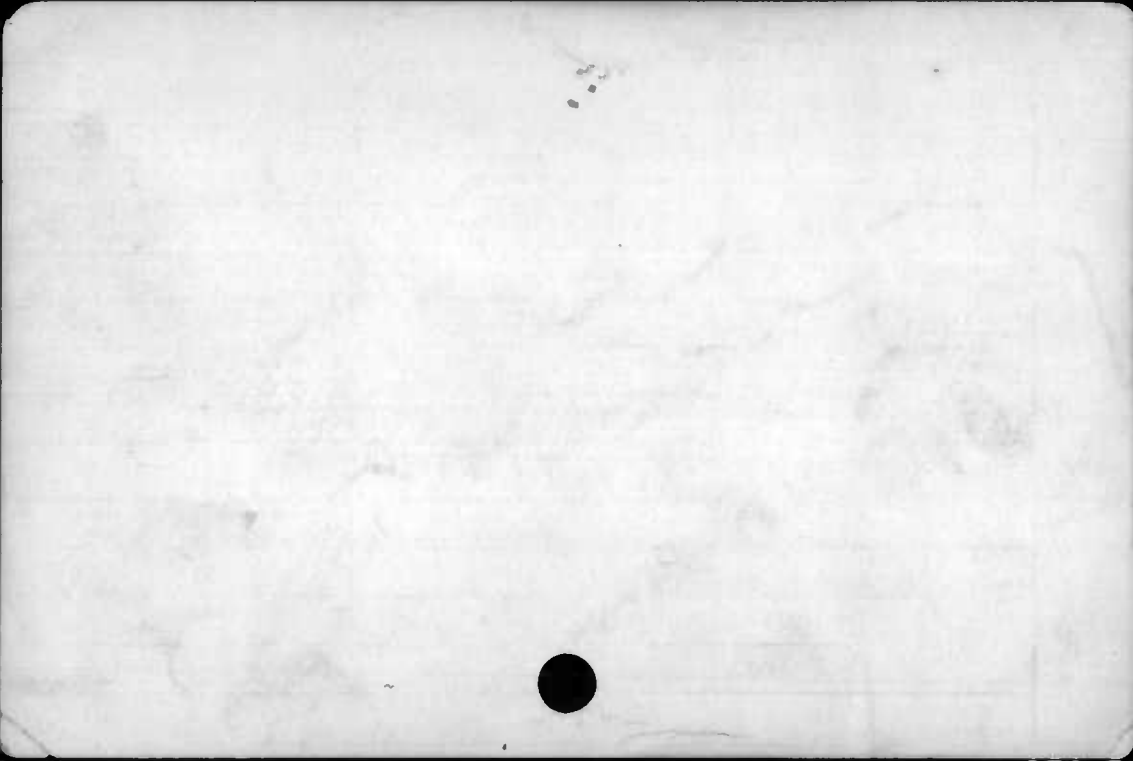
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Long</i>		Town <i>Laurel</i>		County <i>Pa</i>		State <i>MD</i>	
Died at <i>Laurel</i>		Month <i>Nov</i>		Day <i>12</i>		Years <i>71</i>	
Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>12</i>		Age <i>71</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maine</i>		Months <i>10</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Government Clerk</i>		Days <i>2</i>			
Name of Wife or Husband <i>Annie M. Long</i>							
Father's Name <i>Samuel K. Long</i>				Father's Birthplace <i>Maine</i>			
Mother's Maiden Name <i>Mary Long</i>				Mother's Birthplace <i>Maine</i>			
Name of person giving information <i>George Bond</i>				How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 years.</i>
Immediate <i>General Debility</i>		How long <i>2 Months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Hunter</i>
		Address <i>Laurel</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Richard Loveless

CERTIFICATE OF DEATH

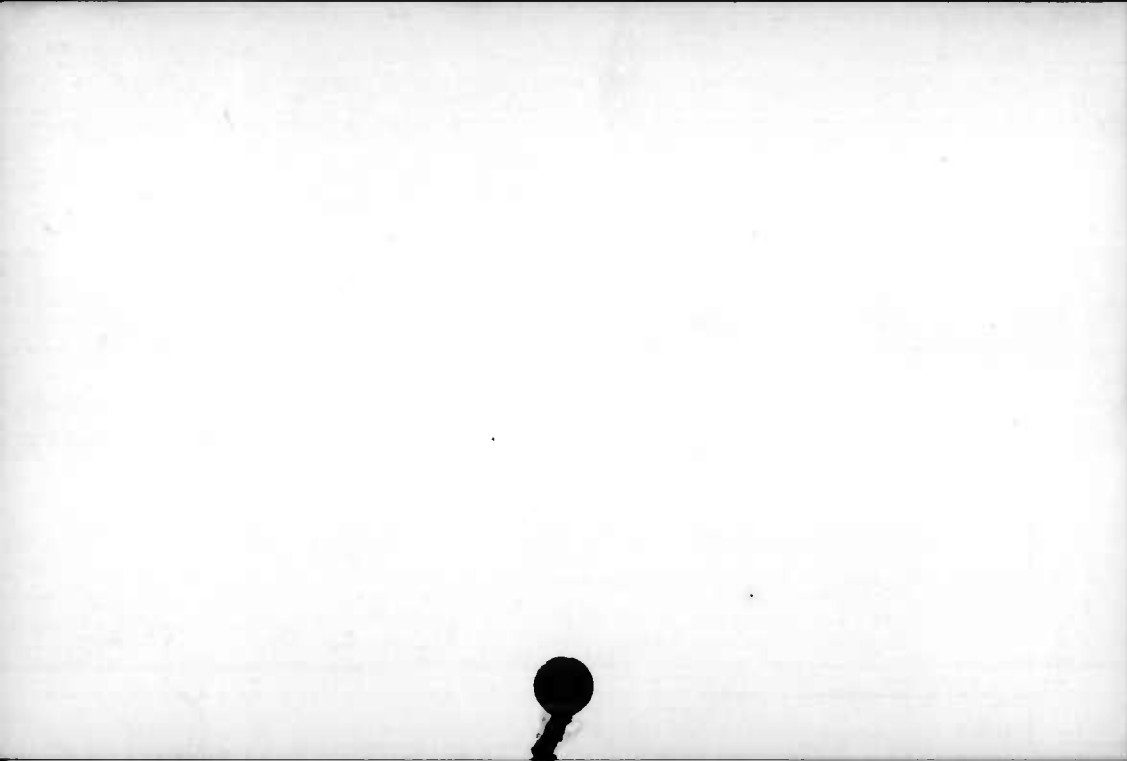
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Georges		MARYLAND	
Date of death 1903		Month Nov	Day 13	Age 53	Years 3	Months 10	Days -
Sex male		Color or Race white		Birth- place Md			
Married, Single or Widowed		Married		Occupation none			
Name of Wife or Husband		Elizabeth Loveless					
Father's Name		Wm J. Loveless				Father's Birthplace Md	
Mother's Maiden Name		Elizabeth A. Smith				Mother's Birthplace Md	
Name of person giving Information		John H. Phair				How related to deceased not at all	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis	How long	6 months
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			



Name
in
Full

Alice Mahoney

CERTIFICATE OF DEATH

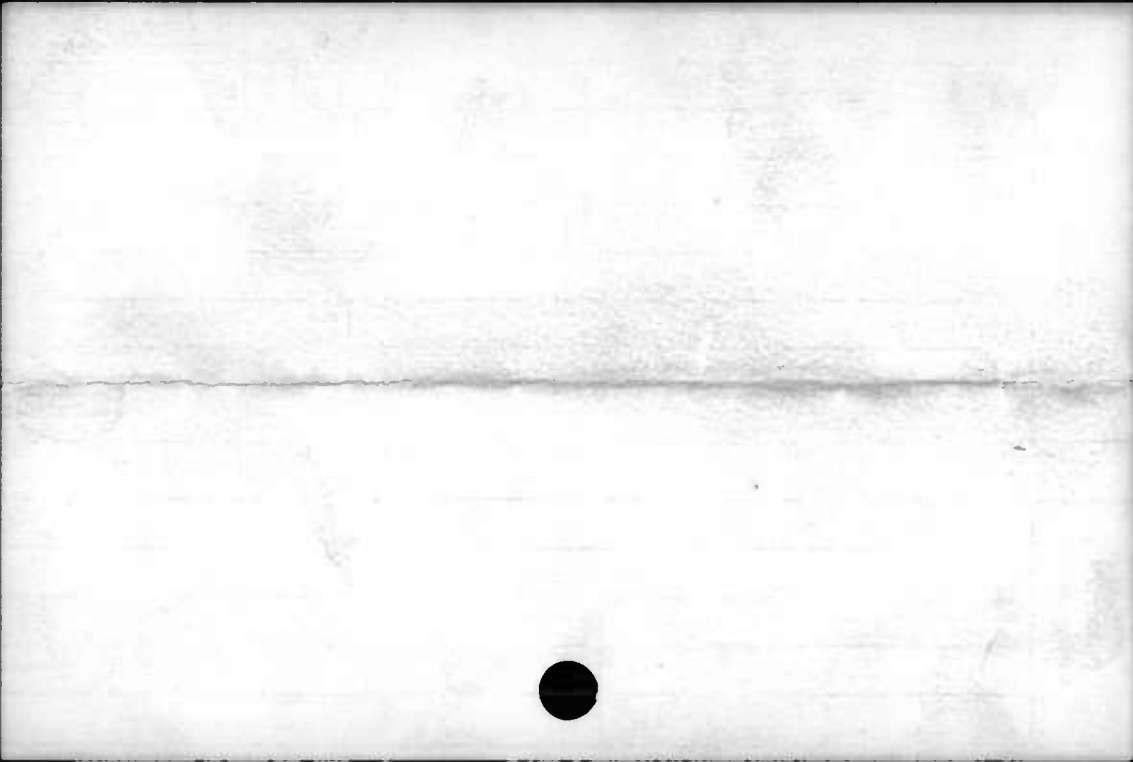
TO BE ANSWERED BY
NEAREST FRIEND

Died at		TOWN		COUNTY		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Nov		10	14				
Sex	Female	Color or Race	C	Birth-place	ms		
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name	Math Mahoney			Father's Birthplace	ms		
Mother's Maiden Name	Sarah Miller			Mother's Birthplace	ms		
Name of person giving information	Clyde Mahoney			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. D. Moore
		Address	Waldorf Md
Accident or Suicide?			



Horace Neuman

Town

H of R.

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11

15

Age

16

Baltimore

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Parenchymatous Nephritis

How long sick

35 days.

Death

Immediate

Quasarsca

Accident, Suicide, Homicide

Reported by

T. F. Searle M.D.

Address

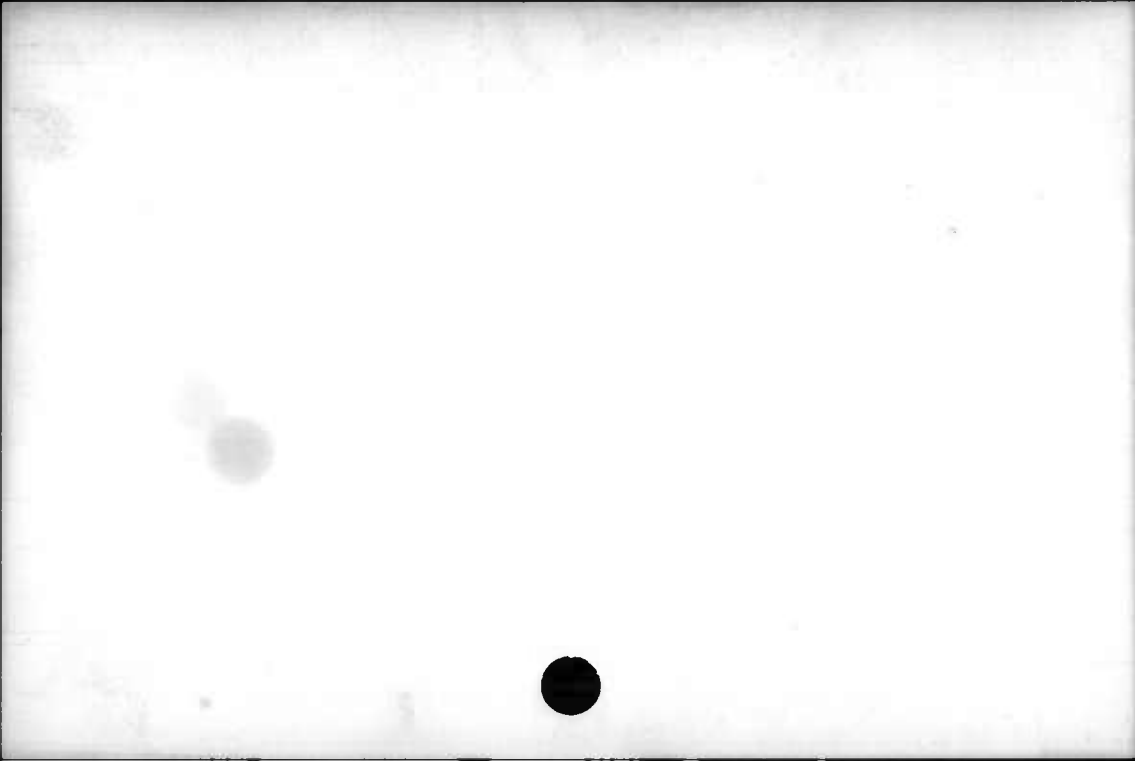
Cheltenham

Prince Geo Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Upper Marlboro'</u>		Town		County <u>P.G.</u>		MARYLAND
	Date of death	190 <u>3</u>	Month <u>11</u>	Day <u>22</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
	Sex <u>Female</u>		Color or Race <u>Black</u>		Birth- place <u>P.G. Co.</u>		
	Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>		
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>William Parker</u>				Father's Birthplace <u>Balvert Co.</u>		
	Mother's Maiden Name <u>Alice Henson</u>				Mother's Birthplace <u>P.G. Co.</u>		
Name of person giving Information <u>William Parker</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Don't know</u>				How long		
	Immediate <u>—</u>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	<u>Yes</u>				Address <u>Upper Marlboro', Ind.</u>		
	Accident or Suicide?						



Name in Full *Maggie Queen*
 Died at *Seat Pleasant* ^{Town} *P. George* ^{County} *MARYLAND*
 Date *1903* ^{Month} *Nov* ^{Day} *4* | Age *17* ^{Y.} *6* ^{M.} *-* ^{D.} | Native of *Ind* | Occupation *School Girl*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *none*

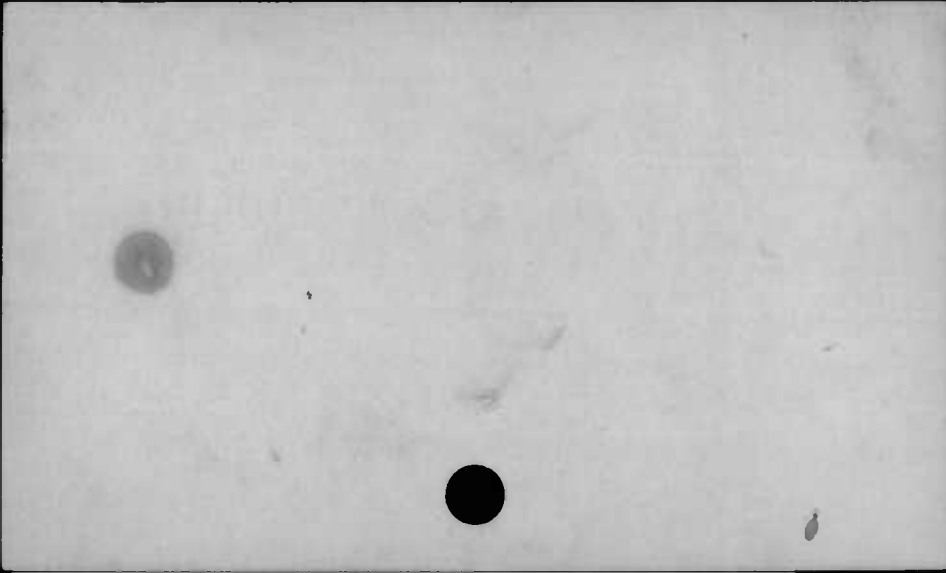
Husband of *_____*
 Wife

Father's Name *Robert Queen* Mother's Name *Annie C. Queen*

Cause of Death { Primary *Typhoid fever* | How long sick
 Immediate *Exhaustion* | Accident, Suicide, Homicide

Reported by *L. S. Savage M.D.*
 Address *Berming D. C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

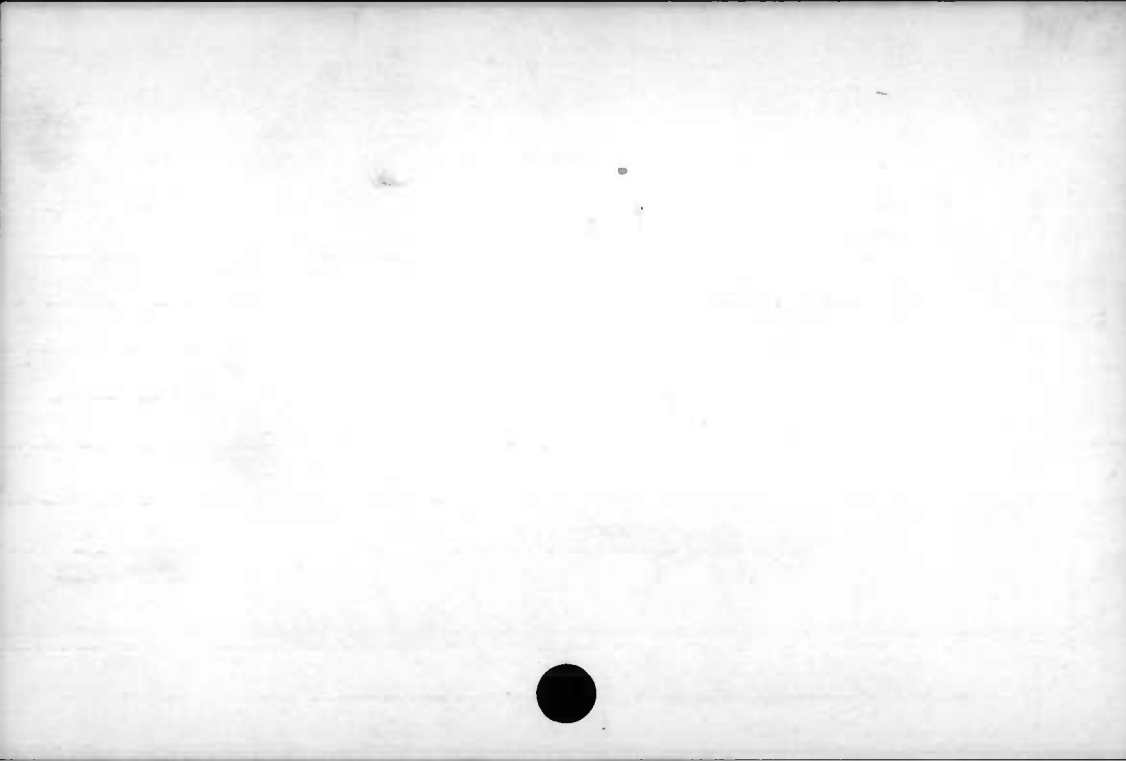
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belicia</i> Town		<i>Pr. Geo. Co.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>8</i>	Age Years <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Grs. Raum</i>					
Fether's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>William Raum</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long
Immediate <i>Apoplexy</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. S. East</i>
	Address <i>Piscataway - Md.</i>
Accident or Suicide?	



Name in Full

Maryann Richardson.

Certificate of Death

Died at ^{Town} *Myattsville* ^{County} *Prince Georges* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 189 *1903* - *11* - *21* Age *77-6-26* *Page Co. Va.*

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Husband of *X. J. Richardson.*

Wife *Frank Shunk*
 Father's Name

Mother's Name *Mary Shunk.*

Cause of { Primary *Apoplexy*
 Death { Immediate

How long sick
3 weeks.

Accident, Suicide, Homicide

Reported by

Address

Myattsville Md

CHARLES

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Ann Richardson

CERTIFICATE OF DEATH

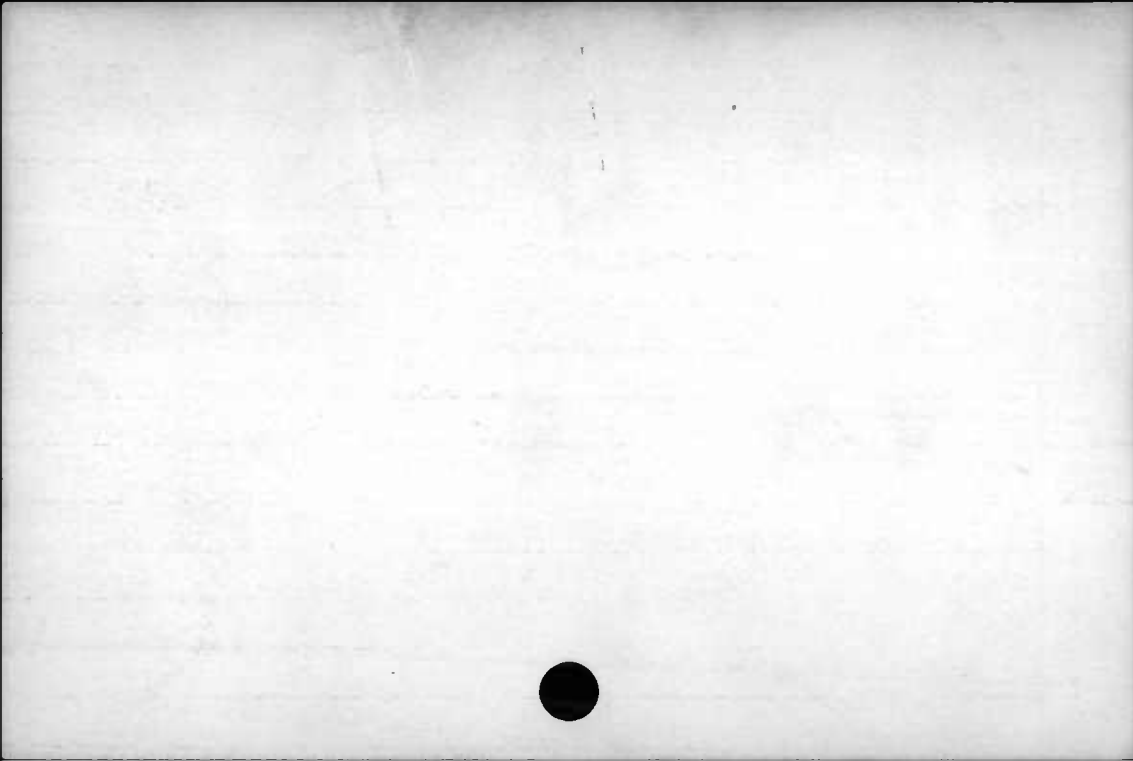
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville		^{County} Prince George		MARYLAND	
Date of death 190 3	Month Nov.	Day 21	Age 77	Years 6	Months 26
Sex female	Color or Race white	Birth-place Luray Va.			
Married, Single or Widowed	Widowed		Occupation House wife.		
Name of Wife or Husband		X. J. Richardson			
Father's Name		Frank Shank.		Father's Birthplace Luray Va.	
Mother's Maiden Name Mrs.		64		Mother's Birthplace Luray Va.	
Name of person giving information		Melissa K. Hildebrand		How related to deceased daughter	

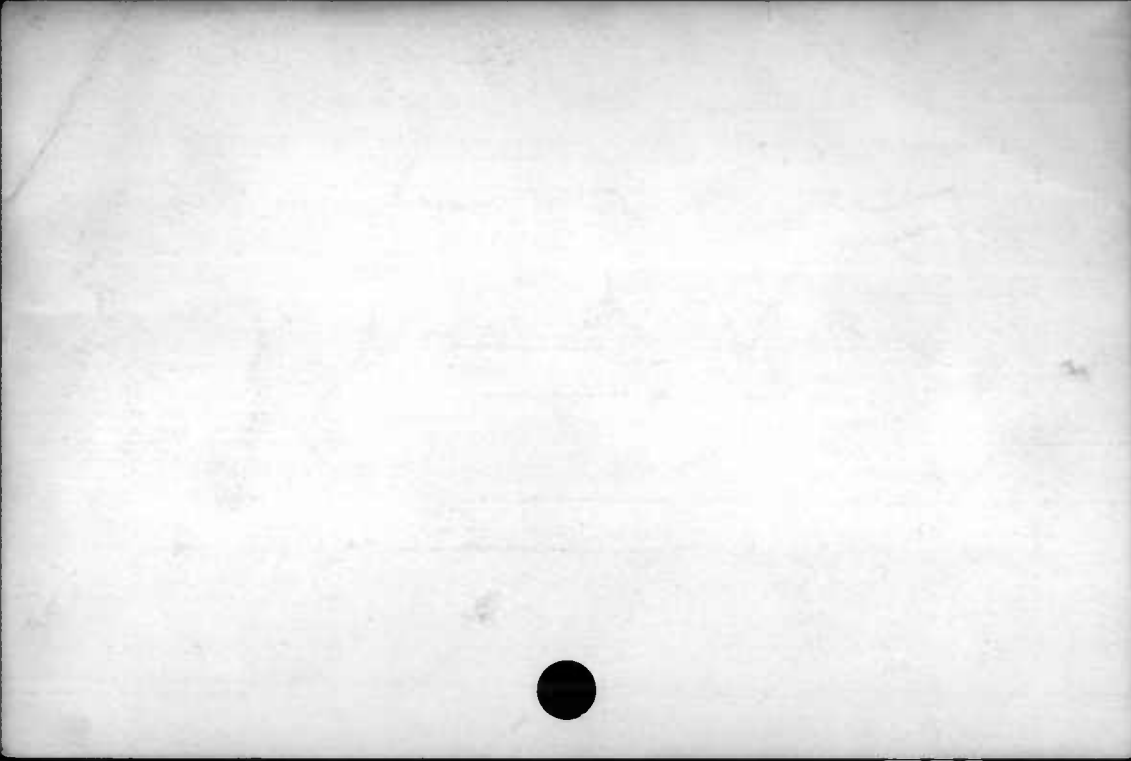
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis.	How long	two years.
Immediate	Apoplexy	How long	three weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. A. Curtis	
		Address Hyattsville Md.	
Accident or Suicide?			



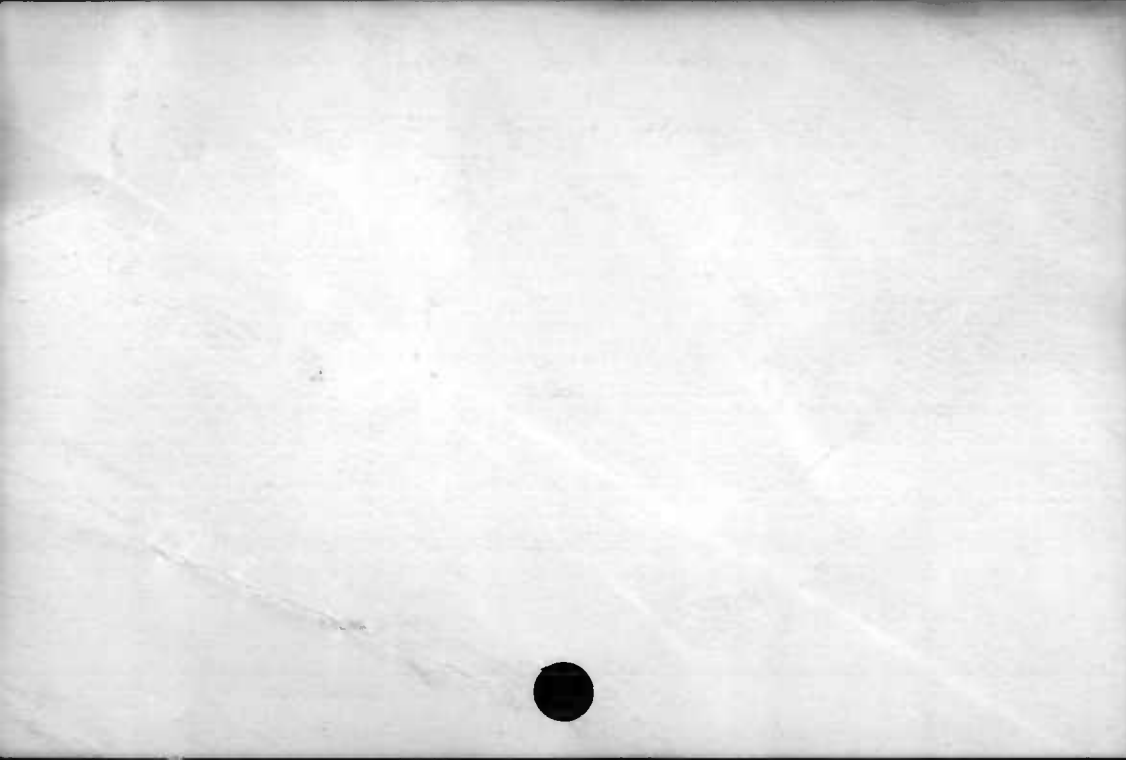
Name in Full Louis Rodier		CERTIFICATE OF DEATH	
Died at Rivendale <small>Town</small>		Prince George <small>County</small>	
Date of death 190 3 <small>Month</small> Nov <small>Day</small> 3		Age 21 <small>Years</small> 1 <small>Months</small> 1 <small>Days</small>	
Sex male		Color or Race white	
Married, Single or Widowed single		Occupation Photographer	
Name of Wife or Husband		Birth-place Tennell	
Father's Name Locatias Rodier		Father's Birthplace Tenn.	
Mother's Maiden Name Oda Porter		Mother's Birthplace Tenn.	
Name of person giving information Locatias Rodier		How related to deceased Father	
CAUSES OF DEATH			
Primary		How long	
Immediate Pistol shot wound		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Augustus H. Dahler	
		Address Acting Coroner	
Accident or Suicide?		Bladensburg, Md	



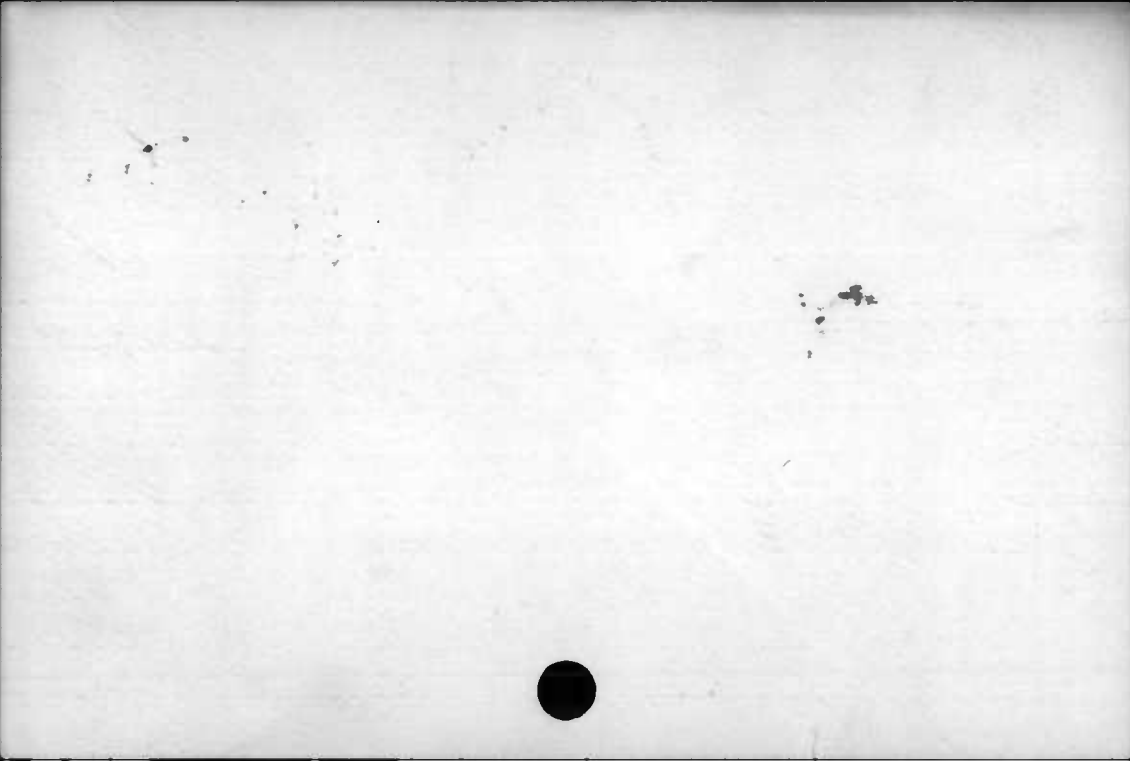
Name in Full		Mathew Semms				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Groom Station		County			
				Prince Georges		MARYLAND			
		Date	Month	Day	Age	Years	Months	Days	
		of death 1903		November		11		13	
		Sex	Male		Color or Race	Black		Birth-place	MD
		Married, Single or Widowed			Occupation				
		Name of Wife or Husband							
		Father's Name							
Mother's Maiden Name		Jackson		166 I.		Father's Birthplace	MD		
Name of person giving information						Mother's Birthplace	MD		
						How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		How long
	Immediate		How long
	Gun - Shot Wound		4 hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Accident or Suicide?		Accident	J. Alfred Ridgely, Coroner



Name in Full		Miss Sarah Simms				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Buiesville</i> <small>Town</small>		<i>Polk</i> <small>County</small>		MARYLAND	
		Date of death 1903	Month <i>nov</i>	Day <i>21</i>	Age <i>59</i> <small>Years</small>	Months <i>11</i>	Days <i>-</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
		Married, Single or Widowed		Occupation <i>House Wife</i>			
		Name of Wife or Husband					
		Father's Name <i>John Simms</i>			Father's Birthplace <i>Ireland</i>		
		Mother's Maiden Name <i>Sarah Brown</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Daughter Sister</i>			How related to deceased <i>Sister</i>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Pericarditis</i>			How long <i>about six weeks</i>		
		Immediate <i>Gastritis</i>			How long <i>" "</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>B. A. Fox</i>		
					Address <i>Buiesville Md</i>		
Accident or Suicide?							



Name
in
Full

Ida Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bowie		County Prince George's		State MARYLAND	
Date of death	1903	Month Nov	Day 18	Age 37	Years	Months	Days
Sex	Female		Color or Race	white		Birthplace	Pennsylvania
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	George M Smith			
Father's Name	John Seitz				Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Reun				Mother's Birthplace	Germany	
Name of person giving information	G. M. Smith				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	3 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	William A. Ryan M.D.
			Address	Bowie
Accident or Suicide?				no



Name
in
Full

Stillborn child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brentwood</i>		County <i>Prince George's</i>		MARYLAND	
Date of death 1903	Month <i>Nov.</i>	Day <i>14</i>	Years Age <i>Stillborn</i>		Months	Days	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth- place <i>Brentwood</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Lawrence W. Sorrell</i>				Father's Birthplace <i>D.C.</i>			
Mother's Maiden Name <i>Addie F. Waters</i>				Mother's Birthplace <i>D.C.</i>			
Name of person giving Information <i>Lawrence W. Sorrell</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation of Cord - asphyxia</i>		How long
Immediate	<i>asphyxia</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Full Term</i>		Signature of Physician	
		Address <i>John F. Keenan M.D. Brentwood Md.</i>	
Accident or Suicide?			

mark.

Name
in
Full

Margaret E. Story

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Islatz</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death 1903	<i>Nov</i> ^{Month}	<i>9th</i> ^{Day}	Age <i>56</i> ^{Years}	<i>6</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Va.</i>		
Name of person giving information <i>George Story</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>two weeks</i>
Immediate <i>Asthma</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Parker M.D.</i>
	Address <i>Rose Croft - Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Cyrest. Walter.

Died at Hyattsville

Town

Prince Geo.

County

MARYLAND

Date of death 1903 Nov.

Month

Day 25

Day

Age 2

Years

Months

Days

19

Sex Male

Color or Race White

Birth-place Hyattsville-Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Chas. H. Walter

Father's Birthplace Philadelphia

Mother's Maiden Name Louisa H. Butler

Mother's Birthplace

Name of person giving Information Mrs. Chas. H. Walter

How related to deceased Mother

CAUSES OF DEATH

Primary Burn - from hot water on chest and abdomen

How long 9 hrs.

Immediate Shock

How long 3 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Catherine Goodeney M.D.

Address Hyattsville - Md.

Accident or Suicide? Accident

Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Holly Springs</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 1903	<i>March</i> ^{Month}	<i>28</i> ^{Day}	Age <i>62</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single <i>married</i> or Widowed			Occupation <i>Housewife</i>		
Name of Wife <i>John W. Weismiller</i> Husband					
Father's Name <i>—</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Frank Vesper</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

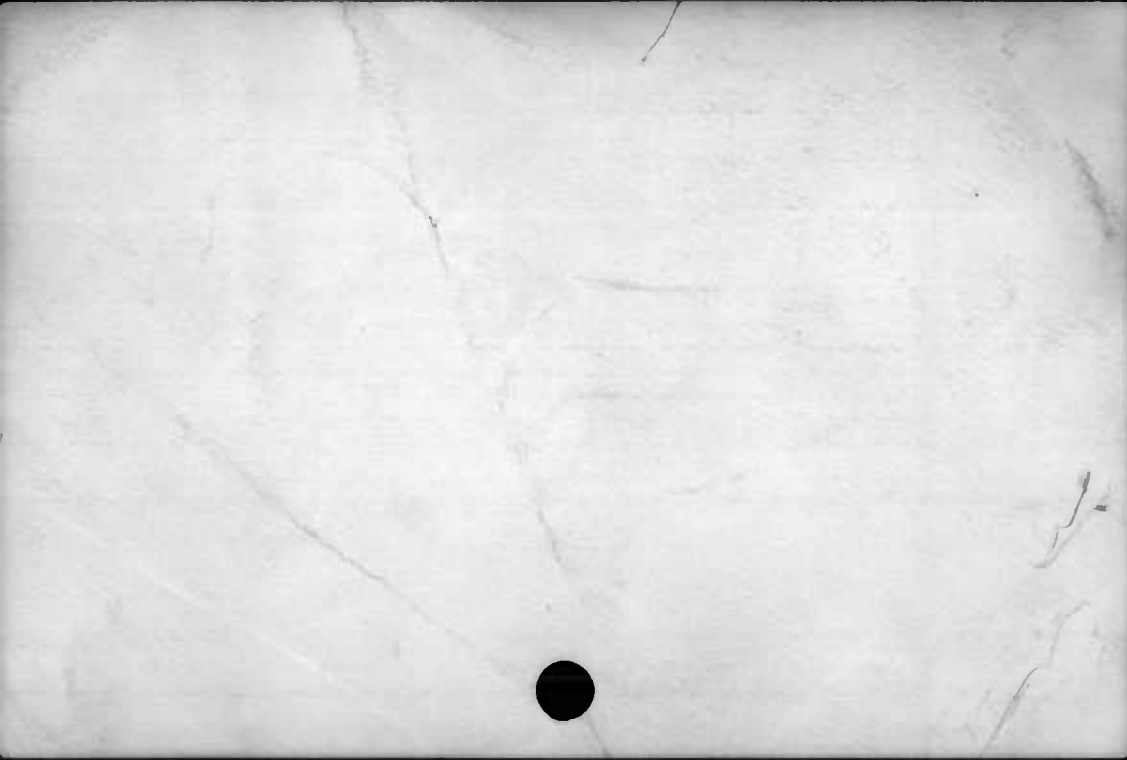
PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>12 days</i>
Immediate <i>Pneumonia engorgement</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Dausbury</i>
	Address <i>Frederickville Md.</i>
Accident or Suicide?	

Mr. Co. A.

Subregister

Name in Full Mabelle E. Wheeler		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Kimball Town Prince George County		MARYLAND
	Date of death 190 3	Month Nov	Day 3 Age 1 Years Months 2 Days 12
	Sex Female	Color or Race Colored	Birth-place West Chester
	Married, Single or Widowed Single	Occupation Domestic	
	Name of Wife or Husband James M. Wheeler		
	Father's Name Damian M. Wheeler	Father's Birthplace Georgia	
	Mother's Maiden Name Lucie B. Thomas	Mother's Birthplace Pennsylvania	
Name of person giving information Lucie B. Wheeler		How related to deceased Mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Gastritis		How long one week
	Immediate Starvation		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Richard M. Ryall
	Address Ryallville, Md.		
Accident or Suicide?			



White

Died at *College Park* Town *Prince Georges* County MARYLAND

Date *1903* Month *Nov* Day *8* Age *2* Native of *P. G. Co* Occupation *None*

~~Male~~ ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐ Number of children living *None*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of _____

Wife of _____

Father's Name *James White* Mother's Name *Elizabeth Well*

Cause of Death { Primary *Cancer* How long sick *3 hours*

Death { Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *M. D. Emphreli M. D.*

Address *College Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov.</u>	Day <u>28</u>	Age <u>3</u>	Months <u>6</u>	Days
Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Bowie</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Thomas Williams</u>			Father's Birthplace		
Mother's Maiden Name <u>Annie Culver</u>			Mother's Birthplace		
Name of person giving Information <u>Albert Stiffin</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>D pneumonia</u>	How long	<u>5 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John M. Swall</u>	
		Address <u>Springfield</u>	
Accident or Suicide?			

